
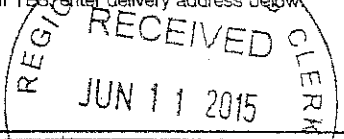


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Lisa Wiedenman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Lisa Wiedenman</i></p> <p>C. Date of Delivery <i>6/4/15</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">  Patricia McGee Legal Department D-7094 1007 North Market Street Wilmington, Delaware 19898 </p> <p><i>CAFO</i> CERCLA-05-2015-0004</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p style="text-align: center;">  </p> <p>3. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchand. <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7011 1150 0000 2640 4413</i></p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1</p>

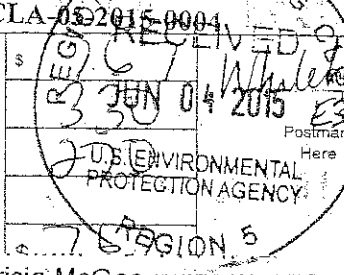
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at usps.com

CERCLA-05-2015-0004

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

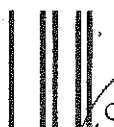
Sent To: Patricia McGee
 Legal Department D-7094
 1007 North Market Street
 Wilmington, Delaware 19898

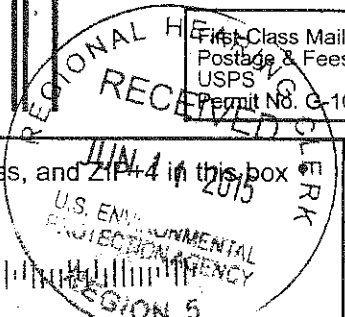


EFT4 0492 6400 0000 0511 TT007


PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES POSTAL SERVICE





• Sender: Please print your name, address, and ZIP+4 in this box


 LaDawn Whitehead
 Regional Hearing Clerk
 U. S. EPA - Region 5
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590

